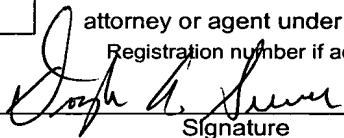
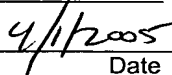




|   |                                  |   |                         |
|---|----------------------------------|---|-------------------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)<br/>FY 2005</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)  |                                  | <b>Docket Number (Optional)</b><br>PZ037P1C1  |                         |
| Application Number 09/997,131-Conf. #3384   |                                  | Filed November 30, 2001   |                         |
| For 33 Human Secreted Proteins  |                                  |   |                         |
| Art Unit 1646   |                                  | Examiner M. T. Brannock   |                         |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.<br>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): |                                  |   |                         |
|   |                                  | <u>Fee</u>  | <u>Small Entity Fee</u> |
| <input checked="" type="checkbox"/>   | One month (37 CFR 1.17(a)(1))    | \$120   | \$60 \$ 120.00          |
| <input type="checkbox"/>  | Two months (37 CFR 1.17(a)(2))   | \$450   | \$225 \$                |
| <input type="checkbox"/>  | Three months (37 CFR 1.17(a)(3)) | \$1020  | \$510 \$                |
| <input type="checkbox"/>  | Four months (37 CFR 1.17(a)(4))  | \$1590  | \$795 \$                |
| <input type="checkbox"/>  | Five months (37 CFR 1.17(a)(5))  | \$2160  | \$1080 \$               |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.   |                                  |   |                         |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.  |                                  |   |                         |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |                                  |   |                         |
| <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.   |                                  |   |                         |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 08-3425. I have enclosed a duplicate copy of this sheet.                             |                                  |   |                         |
| I am the <input type="checkbox"/> applicant/inventor.   |                                  |   |                         |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |                                  |   |                         |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number 47,088   |                                  |   |                         |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34  |                                  |   |                         |
| <br>Signature  |                                  | <br>Date |                         |
| Doyle A. Siever<br>Typed or printed name  |                                  | (301) 354-3932<br>Telephone Number  |                         |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.   |                                  |   |                         |
| <input type="checkbox"/> Total of 1 forms are submitted.  |                                  |   |                         |

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